

The Honorable Lauren King

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States, et al.,

Defendants.

NO. 2:25-cv-00244-LK

PLAINTIFFS' OPPOSITION TO
MOTION TO STAY PRELIMINARY
INJUNCTION PENDING APPEAL

NOTE ON MOTION CALENDAR:
August 25, 2025

ORAL ARGUMENT REQUESTED

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I. INTRODUCTION

The Court should not stay the preliminary injunction. No intervening case law impairs Plaintiffs' likelihood of success. And since February, the Trump Administration has only escalated its relentless assault on transgender adolescents. This Court's preliminary injunction is one of the only bulwarks keeping the lights on for adolescent transgender healthcare in the Plaintiff States. A stay would be disastrous; Defendants' motion should be denied.

II. BACKGROUND

A. **Since February, the Trump Administration Has Continued its Campaign of Intimidation and Threats Against Providers of Gender-Affirming Care**

Since this Court granted the preliminary injunction, the Trump Administration's campaign against institutions providing gender-affirming care has only escalated. As this Court previously recognized, gender-affirming care is legal under federal and the Plaintiff States' laws and the President has no authority to criminalize it. *See* Dkt. #161 pp.24-25. Yet, this Administration has engaged in a ruthless campaign of attrition to eliminate this essential and life-saving treatment.

Attorney General Bondi issued a memo on April 22 threatening investigations of various federal criminal laws against providers of gender-affirming care, promising to "bring these practices to an end." McGinty Decl., Ex. 1. Assistant Attorney General Brett Shumate followed up with his own memorandum, instructing the Civil Division to "use all available resources to prioritize investigations of doctors, hospitals, pharmaceutical companies, and other appropriate entities consistent with" the President's orders and the Attorney General's memo. McGinty Decl., Ex. 2. The Department of Health and Human Services and its subagency, the Centers for Medicare and Medicaid Services, issued a series of threatening letters implying that the provision of gender-affirming care could violate federal law or fall below the standard of care set by federal programs. McGinty Decl., Exs. 3, 4, 5. It further issued "guidance for whistleblowers" to "blow the whistle on medical professionals who are maiming and sterilizing a growing number of impressionable children" by providing gender-affirming care.

McGinty Decl., Ex. 6. The FBI is actively soliciting tips to “hold accountable those who mutilate [children] under the guise of gender-affirming care.” McGinty Decl., Ex. 7. The Federal Trade Commission held a daylong conference on the theory that gender-affirming care is a fraudulent practice by nature. *See The Dangers of “Gender-Affirming Care” for Minors*, Federal Trade Commission, (July 9, 2025), <https://www.ftc.gov/news-events/events/2025/07/dangers-gender-affirming-care-minors>. The Department of Justice has issued “more than 20 subpoenas to doctors and clinics involved in performing transgender medical procedures on children” premised on the same or similar theories. McGinty Decl., Ex. 8; *see also* McGinty Decl., Ex. 9.

And on July 25, 2025, the White House gloated that “President Trump promised to end child sexual mutilation—and he delivered.” McGinty Decl., Ex. 10. The press release listed 16 hospitals that had ceased or curtailed their provision of gender-affirming care in the United States, including Denver Health and Seattle Children’s Hospital. *Id.*

Against this campaign of intimidation, this Court’s preliminary injunction has been indispensable in allowing providers of gender-affirming care in the Plaintiff States to keep their doors open. *See* Goepford Decl. ¶29 (“[T]he preliminary injunction has allowed Children’s Minnesota to focus on what we do best, which is provide outstanding medical care to kids, who seek our services and expertise.”); Brumbaugh Decl. ¶22 (“Without the preliminary injunction having been issued, Children’s Hospital [Colorado] likely would not have continued to provide medical gender affirming care to these patients.”); Ojemann Decl. ¶6 (“Seattle Children’s continues to face immense pressure from the federal government to stop providing gender-affirming care.”); Dellit Decl. ¶13 (“This Court’s Preliminary Injunction has also enabled UW to stay true to its public health mission.”). And the preliminary injunction is working. Federal agencies have reinstated numerous grants due to the preliminary injunction. Dkt. #275 pp.6-7. The National Institutes of Health (NIH) has also recognized limitations on its ability to terminate funding for providers of gender-affirming care in states where the preliminary injunction applies. McGinty Decl., Ex. 11.

III. LEGAL STANDARD

A stay is never a matter of right, and “[t]he party requesting a stay bears the burden of showing that the circumstances justify an exercise of [judicial] discretion.” *Nken v. Holder*, 556 U.S. 418, 433-34 (2009). Courts consider four factors: (1) likelihood of success; (2) irreparable injury; (3) interests of other parties; and (4) “where the public interest lies.” *Id.* at 434.

IV. ARGUMENT

A. Likelihood of Success

1. Plaintiffs’ Separation-of-Powers claims are unaffected by *American Federation of Government Employees v. Trump*

This Court concluded correctly that the defunding provisions of the Medical Services Order and the Gender Ideology Order (collectively “Orders”) conditioned congressionally appropriated funds in a manner that “usurp[s] Congress’s legislative role and [amounts] to an end run around the separation of powers.” Dkt. #233 p.23. Defendants barely engage with this Court’s application of *City & County of San Francisco v. Trump*, 897 F.3d 1225, 1231-32 (9th Cir. 2018), and instead seek a stay based on a two-paragraph stay decision in *Trump v. American Federation of Government Employees*, 606 U.S. ___, No. 24A1174, 2025 WL 1873449 (July 8, 2025) (*AFGE*)—a case involving reductions in force. *AFGE*, however, has no application here.

To start, the Supreme Court determined in *AFGE* that the Government was likely to succeed in showing that the challenged order was lawful where Congress had explicitly authorized federal agencies to conduct reductions in force. *E.g.*, 5 U.S.C. §§ 3501-3504. Here, in contrast, this Court properly determined that “none of the funds received by the Plaintiff States’ medical institutions have a congressionally authorized condition requiring them to refrain from the provision of gender-affirming care.” Dkt. #233 p.22. Indeed, this Court determined that the Orders here do something “not even Congress may do: ‘surprise[] states with post acceptance . . . conditions’ on federal funds, and ‘impose conditions on federal grants that are

unrelated to the federal interest in particular national projects or programs.” *Id.* (quoting *City of Los Angeles v. Barr*, 929 F.3d 1163, 1175 (9th Cir. 2019)). Unlike in *AFGE*, the President’s authority in *this* case is at its “lowest ebb” by “purport[ing] to condition congressionally appropriated funds in a manner that effectively rewrites the law.” *Id.* p.23. The Supreme Court’s likelihood of success determination in *AFGE*, involving a different assertion of executive authority in connection with different federal statutes, has no application here.

Second, Defendants ignore that, unlike in *AFGE*, the Orders here direct immediate action and, indeed, triggered unlawful agency action before this Court issued its preliminary injunction. The order challenged in *AFGE* only required the Director of the Office of Management and Budget to “*submit a plan* to reduce the size of the Federal Government’s workforce through efficiency improvements and attrition” and *initiate a rulemaking* to revise suitability criteria for federal employment in 5 C.F.R. § 731.202(b). Exec. Order No. 14,210, 90 Fed. Reg. 9669, 9670 (Feb. 11, 2025) (emphasis added). It also direct[ed] agency heads to “promptly *undertake preparations* to initiate large-scale reductions in force (RIFs), consistent with applicable law, and to separate from Federal service temporary employees and reemployed annuitants working in areas that will likely be subject to the RIFs.” *Id.* Here, in contrast, the Medical Services Order “command[ed] ‘immediate[.]’ action from agency heads to be detailed in a 60-day progress report, Dkt. #17-1 pp.3-4, while the Gender Ideology [Order] mandate[d] that agencies ‘take all necessary steps . . . to end the Federal funding of gender ideology’ and provide an ‘update on implementation of this order to the President’ within 120 days.” Dkt. 233 p.47 (citing Dkt. #17-2 pp.3-4). Given this command to immediate action, this Court has twice rejected the Defendants’ argument that the Orders were mere “sheep in wolves’ clothing,” finding that they had already caused two agencies to send notices to grant recipients “(1) commanding them to ‘immediately’ stop using federal funding for any activities that do not align with the Medical Services [Order] and the Gender Ideology [Order], and (2) pronouncing that ‘[a]ny vestige, remnant, or re-named piece’ of any programs in conflict with the Executive Orders is

1 terminated.” *Id.* (citing Dkt. #16-1 p.2 (HRSA); Dkt. #174-1 p.2 (CDC)). Although later
 2 rescinded, “the agencies’ immediate implementation of the Executive Orders emphatically
 3 demonstrate[d] that ‘this wolf comes as a wolf.’” *Id.* (citation omitted).

4 Defendants do not dispute this. They instead suggest that the Supreme Court stayed the
 5 *AFGE* preliminary injunction only because the “plans” directed by the order were not yet before
 6 the Court, relying on Justice Sotomayor’s concurrence. But the concurrence is not the Court’s
 7 opinion. *Accord City and Cnty. of San Francisco v. Trump*, No. 25-cv-1350-WHO,
 8 2025 WL 2243619, at *4 (N.D. Cal. Aug. 5, 2025) (“Justice Sotomayor’s concurrence applies
 9 to the Executive Order at issue in that case, which involves a different context, different
 10 directives and different language than the Executive Orders at issue here.”). And here, this Court
 11 *did* have agency action before it, which only bolstered its conclusion that the Orders commanded
 12 immediate unlawful action.

13 As for Defendants’ reliance on the Orders’ savings clauses, Ninth Circuit law commands
 14 that “[s]avings clauses are read in their context, and they cannot be given effect when the Court,
 15 by rescuing the constitutionality of a measure, would override clear and specific language.”
 16 *City and Cnty. of San Francisco*, 897 F.3d at 1239. Boilerplate savings clauses cannot insulate
 17 the Orders from review and nothing in *AFGE* says otherwise. This Court properly determined
 18 that the Orders violated the separation of powers.

19 **2. The Orders violate equal protection**

20 Defendants next rely on *United States v. Skrmetti*, 145 S.Ct. 1816 (2025), arguing that
 21 the Orders challenged here are “materially indistinguishable” from the Tennessee law upheld by
 22 the Supreme Court, and therefore they are likely to show on appeal that the orders do not violate
 23 equal protection. Dkt. #288 pp.2-3. Defendants are wrong.

24 Unlike the law upheld in *Skrmetti*, which drew lines according to age and medical
 25 diagnosis, the Orders here explicitly discriminate on the basis of transgender status and sex. In
 26 *Skrmetti*, the challenged law prohibited medical treatments for individuals under 18 “for the

1 purpose of: (A) Enabling a minor to identify with, or live as, a purported identity inconsistent
 2 with the minor’s sex; or (B) Treating purported discomfort or distress from a discordance
 3 between the minor’s sex and asserted identity.” Tenn. Code Ann. § 68-33-103; *see also Skrmetti*,
 4 145 S. Ct. at 1826 (citing the challenged law). The Court held that, absent evidence the
 5 “prohibitions are pretexts designed to effect invidious discrimination against transgender
 6 individuals, the law does not classify on the basis of transgender status.” *Skrmetti*, 145 S. Ct.
 7 at 1833. It further held the Tennessee law did not discriminate on the basis of sex because it
 8 “prohibits healthcare providers from administering puberty blockers and hormones to *minors* for
 9 certain *medical uses*, regardless of a minor’s sex.” *Id.* at 1829.

10 The Orders here, in contrast, explicitly distinguish based on transgender status. The
 11 Gender Ideology Order is most obvious. It does not deny funding for institutions that treat or
 12 study gender-dysphoria or any other *medical condition*. It instead denies funding to any person
 13 or institution that accepts “gender ideology,” or the idea that people may have gender identities
 14 incongruent with the sex they were assigned at birth. *See* Exec. Order No. 14,168 §§ 2(f), 3(e),
 15 3(g), 60 Fed. Reg. 8615; *see also American Assoc. of Phys. For Human Rights, Inc. et al. v. Nat.*
 16 *Inst. Health et al.*, No. 25-cv-01620-LKG, 2025 WL 2344900 (D. Md. Aug. 13, 2025) (holding
 17 withholding research grants concerning gender identity violated equal protection). It targets
 18 transness itself and thus explicitly classifies based of transgender status, unlike the law in
 19 *Skrmetti*. Under controlling Ninth Circuit precedent, discrimination based on transgender status
 20 triggers heightened scrutiny—a holding that *Skrmetti* did not disturb. Dkt. #233 p.24; *see also*,
 21 *e.g., Doe v. Horne*, 115 F.4th 1083, 1102 (9th Cir. 2024); *Karnoski v. Trump*, 926 F.3d 1180,
 22 1200–01 (9th Cir. 2019); *Skrmetti*, 145 S. Ct. at 1832 (declining to address whether “transgender
 23 individuals are a suspect or quasi-suspect class”). For the same reason, it discriminates based on
 24 sex. The Gender Ideology Order denies funding to institutions that recognize a person assigned
 25 male sex at birth may have a female gender identity but permits funding for institutions
 26 recognizing female identifications for people assigned female sex at birth. This is not

1 discrimination based on a medical purpose or age as in *Skrmetti*; it is enforcement of a sex
2 stereotype. *See* 145 S.Ct. at 1832 (holding sex-based stereotypes subject to heightened scrutiny).

3 The Medical Services Order is no different. As this Court previously held, the order
4 prohibits medical services for proscribed *people*, not just for proscribed purposes. Dkt. #233 p.29
5 (holding that under the Medical Services Order “federally funded institutions can offer puberty
6 blockers to delay the onset of normally timed puberty to *anyone except* ‘an individual who does
7 not identify as his or her sex.’” (quoting Dkt. #17-1 § 2(c)); *see also Skrmetti*, 145 S.Ct. at 1834
8 n. 3 (distinguishing a law that “regulates a class of *persons* identified on the basis of a specified
9 characteristic”). Even the second and third listed services, which reference medical purpose,
10 must be understood from their context to apply only to transgender and gender-diverse people.
11 Otherwise, as this Court previously recognized, a voluntary vasectomy for an 18-year-old man
12 who wished to avoid procreation would be prohibited, because it would likewise ““minimize or
13 destroy [his] natural biological functions.”” Dkt. #161 p.21 (quoting Dkt. #17-1). Defendants
14 themselves admit that this is not the Order’s intent. *See* Dkt. #223 pp.21-22.

15 The law at issue in *Skrmetti* also included carveouts to treat medical conditions *except*
16 gender-dysphoria, making it clear that the law discriminated based on medical purpose, not
17 transgender status. Tenn. Code. Ann. § 68-33-103(b). Such carveouts are conspicuously absent
18 in the Medical Services Order. Read as a whole, and in context of the Gender Ideology Order
19 that governs its critical definitions, it singles out transgender and gender-diverse people for
20 discriminatory treatment. This Court correctly applied heightened scrutiny under undisturbed
21 Ninth Circuit precedent.

22 Finally, *Skrmetti* reaffirmed that if a regulation “is a mere pretext for invidious sex
23 discrimination” it is subject to heightened judicial scrutiny. *See* 145 S. Ct. at 1833. That’s exactly
24 the case here: this Court already found that the Gender Ideology Order “is motivated by
25 purposeful discrimination [and] violates the Fifth Amendment’s equal protection guarantee.”
26 Dkt. #233 p.45. The Gender Ideology Order establishes critical definitions such as “sex,” “male,”

1 and “female,” without which the Medical Services Order is incomprehensible. *See* Dkt. 17-2 §
 2 2. This set of definitions, as the Court already held, “denies and denigrates the very existence of
 3 transgender people.” Dkt. #233 p.45. The Medical Services Order is governed by these same
 4 definitions and is infected by the same animus. And, if more were needed, the Orders’ animus is
 5 amply confirmed by the ongoing campaign of hostility waged against transgender kids by the
 6 Trump Administration. *See* Dkt. #164 pp.40-41; *see also generally* McGinty Decl. Both Orders
 7 were motivated by a “desire to harm a politically unpopular group” and violate the Fifth
 8 Amendment. *See U.S. Dep’t of Ag. v. Moreno*, 413 U.S. 528, 534 (1973).

9 **3. The Court’s injunction is properly limited to provide complete relief to the**
 10 **parties**

11 The Supreme Court’s decision in *Trump v. CASA, Inc.*, 145 S. Ct. 2540 (2025), confirms
 12 that this Court did not abuse its discretion in reaching the factual conclusion that a Plaintiff State-
 13 wide injunction was necessary to protect the Plaintiff States from irreparable harm. *CASA*
 14 confirmed that this Court got it exactly right in carefully limiting its injunction to no further than
 15 necessary to provide the Plaintiffs complete relief. Defendants’ bid to narrow the Court’s
 16 injunction fails.

17 *CASA* addressed preliminary injunctions against President Trump’s Citizenship-
 18 Stripping Order awarded to three types of plaintiffs—individuals, organizations, and states. The
 19 federal government sought to partially stay the injunctions “and limit them to the parties.” *Id.* at
 20 2549. In setting forth the type of injunctions it considered to be unauthorized, the Court
 21 distinguished between “universal” injunctions, designed primarily to protect non-parties, and
 22 “traditional, parties-only injunction[s],” which, while more limited, “can apply beyond the
 23 jurisdiction of the issuing court.” *Id.* at 2548 n.1 (citing *Steele v. Bulova Watch Co.*, 344 U.S.
 24 280, 289 (1952)). As the Supreme Court explained, “[t]he difference between a traditional
 25 injunction and a universal injunction is not so much *where* it applies, but *whom* it protects[.]” *Id.*
 26

1 The Court concluded that courts likely do not have the authority to issue so-called
 2 “universal” injunctions designed to protect “anyone, anywhere.” *Id.* at 2560. But in so doing, the
 3 Court reiterated that injunctions that incidentally benefit non-parties are permissible. The Court
 4 reaffirmed the “complete-relief principle” that “has deep roots in equity[,]” explaining that “[t]he
 5 equitable tradition has long embraced the rule that courts generally ‘may administer complete
 6 relief *between the parties*.’” *Id.* at 2556 (citing *Kinney-Coastal Oil Co. v. Kieffer*, 277 U.S. 488,
 7 507 (1928)). And importantly, courts may do so where, as a practical matter, the relief may
 8 “advantag[e] nonparties,” since “they do so only incidentally.” *Id.* at 2557 (citing *Trump v.*
 9 *Hawaii*, 585 U.S. 667, 717 (2018) (Thomas, J., concurring)). Thus, while complete relief “is the
 10 maximum a court can provide[,]” the Court confirmed that “[t]he essence of equity jurisdiction
 11 has been the power of the Chancellor to do equity and to mould each decree to the necessities of
 12 the particular case.” *Id.* at 2558 (citing *Hecht Co. v. Bowles*, 321 U.S. 321, 329 (1944)).

13 This Court carefully applied these principles in this case. It acknowledged “the general
 14 rule . . . that injunctions must ‘be limited . . . only to named plaintiffs where there is no class
 15 certification,’” but noted that broader equitable relief affecting non-parties “‘is acceptable where
 16 it is necessary to give prevailing parties the relief to which they are entitled.’” Dkt. #233 p.50
 17 (quoting *Easyriders Freedom F.I.G.H.T. v. Hannigan*, 92 F.3d 1486, 1501 (9th Cir. 1996), and
 18 *Hecox v. Little*, 104 F.4th 1061, 1090 (9th Cir. 2024)). This is the same complete-relief principle
 19 the Supreme Court re-affirmed in *CASA*.

20 Because this Court’s analysis hews closely to the Supreme Court’s reasoning in *CASA*,
 21 Defendants do not (and cannot) contend this Court misapplied the law. Instead, they are left to
 22 quibble with this Court’s factual conclusions that statewide relief was necessary to provide the
 23 Plaintiffs complete relief. Dkt. #288 pp.8-9. But they come nowhere near showing that this Court
 24 abused its discretion in determining that a statewide injunction was necessary to provide
 25 complete relief. *See California v. Azar*, 911 F.3d 558, 568 (9th Cir. 2018) (“The scope of the
 26 preliminary injunction . . . is . . . reviewed for abuse of discretion.”).

1 “Having closely examined the record, . . . statewide relief is not only appropriate, but
 2 essential to provide complete relief to Plaintiffs.” Dkt. #233 p.51. This is because the
 3 “voluminous record”—which Defendants still make no effort to rebut—shows that the Orders
 4 restrict Plaintiff State providers’ ability to provide care for their patients. *Id.* As the Court found,
 5 based on undisputed evidence, “a multidisciplinary approach is frequently necessary to address
 6 patients’ medical needs[.]” *Id.* That remains so. *See* Brumbaugh Decl. ¶¶14-15; Ojemann Decl.
 7 ¶5; Goepford Decl. ¶¶26-31; Dellit Decl. ¶14. Thus, state-wide injunctions are necessary to
 8 provide complete relief for the states’ proprietary harms.

9 Defendants attempt to sidestep the Court’s factual conclusions by contending that the
 10 Plaintiff States should be required to identify every possible specialist whom this injunction
 11 should be extended and pooh-poohing the obvious administrability concerns as irrelevant.
 12 Dkt. #288 pp.8-9. This is wrong for four reasons.

13 First, administrability is undoubtedly an important concern for district courts exercising
 14 equitable jurisdiction. *See North Carolina v. Covington*, 581 U.S. 486, 488 (2017) (holding that
 15 “what is workable” matters when selecting an equitable remedy) (quotations omitted);
 16 *New Jersey v. Trump*, No. 25-10139-LTS, Dkt. #203 pp.17-21 (D. Mass. July 25, 2025)
 17 (applying *CASA* to reject Defendants’ arguments for a narrowed infeasible injunction).
 18 Defendants’ blase suggestion that this Court cannot take into account whether a narrower
 19 injunction would even be feasible—an argument which rests entirely on a concurring opinion
 20 that only two Justices joined—is obviously wrong. Dkt. #288 p.9 (citing *CASA*, 145 S. Ct. at
 21 2565 (Thomas, J., concurring, joined only by Gorsuch, J.)).

22 Second, the workability concerns of Defendants’ hypothetical but undefined narrowed
 23 injunction are not merely challenging—they are impossible to square with Federal Rule of Civil
 24 Procedure 65. The Rule requires that an injunction “state its terms specifically” and “describe in
 25 reasonable detail . . . the act or acts restrained or required.” Fed. R. Civ. P. 65(d). Defendants’
 26 insistence that this Court’s injunction be limited to “specific providers” who are “members of

1 patients' care teams" ignores the obvious problem that this is not a static or discrete group. Care
 2 teams may shift for any number of reasons, new patients will seek care every day, providers will
 3 move in and out of states, and so on. There is no reasonable way for this Court to determine,
 4 *ex ante*, the universe of providers against whom Defendants cannot enforce their unlawful orders
 5 except on a statewide basis.

6 Third, the harm of the Orders is not limited to current care teams or providers. Rather,
 7 the Orders thwart the development of provider networks in the Plaintiff States. If this Court's
 8 injunction were restricted to current members of patients' care teams, new providers would still
 9 effectively be blocked from entering the field, even as existing providers are reducing services
 10 for transgender kids. *See, e.g.*, Dkt. #13 ¶29; Dkt. #87 ¶15.

11 Fourth, the Physician Plaintiffs represent the interests of their minor patients, not just
 12 themselves, and properly seek relief on behalf of current and future patients. *See, e.g., June Med.*
 13 *Servs. LLC v. Russo*, 591 U.S. 299, 318 (2020) (plurality) ("We have long permitted abortion
 14 providers to invoke the rights of their actual or potential patients[.]") (citing cases); *id.* at 354
 15 n.4 (Roberts, C.J., concurring) (agreeing with standing analysis); *Whitman-Walker Clinic, Inc.*
 16 *v. U.S. Dep't of HHS*, 485 F. Supp. 3d 1, 35 (D.D.C. 2020). Because future patients may lawfully
 17 seek gender-affirming health care anywhere within the Plaintiff States, this Court correctly
 18 issued an injunction of the same scope.

19 **B. The Remaining Factors Strongly Weigh Against a Stay**

20 As this Court previously held, "[a]ny hardship suffered by Defendants pales in
 21 comparison to the irreparable harms likely to befall Plaintiffs." Dkt. #233 p.49. And this is even
 22 more true now, as the Trump Administration's campaign of intimidation against providers of
 23 gender-affirming care has escalated since February. *See supra* § II.A. Providers cite the
 24 preliminary injunction as a crucial factor enabling them to continue providing needed healthcare.
 25 Brumbaugh Decl. ¶¶22, 25; Ojemann Decl. ¶¶7-8; Goepford Decl. ¶¶26-31; Dellit Decl. ¶¶4, 13.
 26 But without that protection, "[s]uch threats to our mission would likely force us to cease

1 providing gender-affirming care services.” Ojemann Decl. ¶8; *see also* Brumbaugh Decl. ¶25
 2 (“If the preliminary injunction is not continued, Children’s Hospital [Colorado] is less likely to
 3 be able to provide medical gender affirming care”); Goepford Decl. ¶29 (“To remove this
 4 protection is to strike at the core of what makes Children’s Minnesota who we are, which is
 5 every family’s essential partner in raising healthier children.”); Dellit Decl. ¶18 (“The alternative
 6 is to stop providing gender-affirming care to treat gender-dysphoria in our adolescent patients in
 7 response to the EOs.”).

8 Defendants cannot show irreparable injury, especially since they only move for a stay of
 9 the preliminary injunction now, almost six months after it was issued. And this is after they
 10 moved to stay proceedings in this Court, explicitly *consenting* to the preliminary injunction while
 11 they appealed the Court’s order. *See* Dkt. #263 pp.7-8 (arguing that staying proceedings would
 12 not prejudice Plaintiffs because the preliminary injunction would remain in effect). Defendants
 13 “delay in . . . filing the present motion cuts against their claim of irreparable harm.” *See Wise v.*
 14 *Inslee*, No. 2:21-cv-0288-TOR, 2021 WL 4951571, at *6 (W.D. Wash. Oct. 25, 2021).

15 Preserving the constitutional rights of Plaintiffs and their patients is in the public interest.
 16 *See Melendres v. Arpaio*, 695 F.3d 990, 1002 (9th Cir. 2012). And since gender-affirming care
 17 has been provided safely for many years, consistently with the applicable standards of care, a
 18 preliminary injunction merely maintains the status quo. Defendants’ argument that the injunction
 19 hampers the administration’s ability to “implement [its] policy objectives” cannot be accepted
 20 because that would mean that “no act of the executive branch asserted to be inconsistent with a
 21 legislative enactment could be the subject of a preliminary injunction.” Dkt. #233 p.49 (quoting
 22 *Doe #1 v. Trump*, 957 F.3d 1050, 1059 (9th Cir. 2020)).

23 **C. If Granted, This Court Should Dissolve the Stay of Proceedings**

24 This Court should not stay the preliminary injunction. But, if it does, then it should
 25 dissolve the stay of proceedings. The Court held Plaintiffs were not prejudiced by the stay
 26

1 because the preliminary injunction would remain in place. Dkt. #273 p.5.¹ Absent the
 2 preliminary injunction, Plaintiffs will be prejudiced by the stay of proceedings.

3 V. CONCLUSION

4 The Court should not stay the preliminary injunction.

5 DATED this 18th day of August 2025.

6 I certify that this memorandum contains 4,183
 7 words, in compliance with the Local Civil Rules.

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¹ The Court also noted the injunction entered by the District of Maryland. Dkt. #273 p.5. Defendants have also requested a stay of that injunction. *PFLAG, Inc. v. Trump*, No. 8:25-cv-00337-BAH, Dkt. #151 (July 28, 2025).

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